Faculty Coordinator/Liaison Classroom Observation Form

For each classroom observation, please complete and submit this form to Pam LeMay, Director of Special Academic Programs/CHS.

Your Name as Coordinator/Liaison: ______________________________________________________

Date of Visit: ________________________  High School: ______________________________

Course: ______________________________  CHS Adjunct: ______________________________

Please confirm the following:

- I have received a standardized CHS syllabus for this class.
- CHS students in this course are held to the same standards of achievement as those expected of students in on-campus sections.
- CHS students are held to the same grading standards as those expected of students in on-campus sections.
- CHS students are assessed using the same methods (papers, assignments, quizzes, exams, etc) as students in on-campus sections.
- This CHS course reflects the pedagogical, theoretical and philosophical orientation of the EdCC academic department within which this course is offered.

Provide a brief description of the class period, learning activities and student engagement.
How does the course meet standards for on-campus courses?

What feedback did you provide the teacher?

List any comments from the teacher or students regarding the course or EdCC CHS program.

Any additional comments?

Our signatures below verify that we have met and reviewed this classroom observation form.

_______________________________________________________
Faculty Coordinator/Liaison

_______________________________________________________
CHS Adjunct